Submit 3 Copies to Appropriate Dist. Office

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

Revised 1-1-89

INSTRUCTIONS ON REVERSE SIDE

This form is not to be used for reporting packer leakage tests in Northwest New Mexico

SOUTHEAST NEW MEXICO PACKER LEAKAGE TEST

Operator			Lease		Well No.
Mabob Energy			Carlsbad Grace		1
Location of Well: Unit	Sec.	Twp	Rge	County	
I	36	22S	26E	Eddy	

	Name of Reservoir or Pool	Type of Prod. (Oil or Gas)	Method of Prod. Flow, Art Lift	Prod. Medium (Tbg. or Csg)	Choke Size
Upper Compl	Strawn	GAS	Comp	Tbg	Open
Lower Compl	Morrow	GAS	Comp	Tbg	Open

FLOW TEST NO. 1

Both zones shut-in at (hour, date): 9:30Am / 10-3-01

Well opened at (hour, date): 9:30Am / 10-4-01

	Upper Completion	Lower Completion
Indicate by (X) the zone producing		X
Pressure at beginning of test	130	177
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	188	177
Minimum pressure during test	130	33
Pressure at conclusion of test	188	33
Pressure change during test (Maximum minus Minimum)	58	144
Was pressure change an increase or a decrease?	Increase	Decrease

Well closed at (hour, date): 9:30Am / 10-5-01 Total Time On Production 24 HRS.

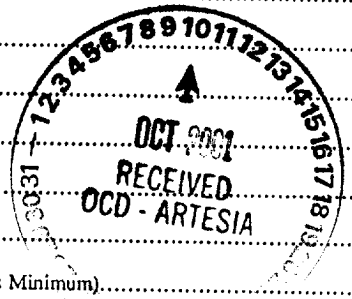
Oil Production During Test: _____ bbls; Grav. _____ Gas Production During Test _____ MCF; GOR _____

Remarks No Indication of Packer Leakage.

FLOW TEST NO. 2

Well opened at (hour, date): 9:45Am / 10-6-01

	Upper Completion	Lower Completion
Indicate by (X) the zone producing	X	
Pressure at beginning of test	240	177
Stabilized? (Yes or No)	YES	YES
Maximum pressure during test	240	177
Minimum pressure during test	150	177
Pressure at conclusion of test	150	177
Pressure change during test (Maximum minus Minimum)	90	0
Was pressure change an increase or a decrease?	Decrease	Stable



Well closed at (hour, date) 9:45Am / 10-7-01 Total time on Production 24 HRS.

Oil production During Test: _____ bbls; Grav. _____; Gas Production During Test _____ MCF; GOR _____

Remarks No Indication of Packer Leakage

OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the information contained herein is true and completed to the best of my knowledge

Kelly Services Inc.
Operator

Julian F. Guajardo
Signature

Julian F. Guajardo / Tester
Printed Name / Title

10-8-01 748-3759
Date

OIL CONSERVATION DIVISION

Date Approved 10-25-01

By _____

Title _____